



PATENT
Docket No. PIT-010CIP
(2710-4007US2)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael B. CHANCELLOR

Group Art Unit: 1635

Serial No.: 09/549,937

Examiner: Brian A. Whiteman, Ph.D.

Filed: April 14, 2000

For: **Soft Tissue and Bone Augmentation and Bulking Utilizing Muscle-derived Progenitor Cells, Compositions and Treatments Thereof**

PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. §1.136(a))

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. This is a petition for an extension of time for a Request for Continued Examination under 37 C.F.R. §1.114.
2. The communication in connection with the matter for which this extension is requested
☒ is filed herewith.
☐ has been filed on ____.
3. ☒ Applicant(s) is/are entitled to Small Entity Status.

4.	Total Months Requested	Fee for Other than Small Entity	Fee for Small Entity
a. <input type="checkbox"/>	one month	\$110.00	\$55.00
b. <input type="checkbox"/>	two months	\$410.00	\$205.00
c. <input type="checkbox"/>	three months	\$930.00	\$465.00
d. <input type="checkbox"/>	four months	\$1,450.00	\$725.00
e. <input type="checkbox"/>	five months	\$1,970.00	\$985.00

- f. ☒ An extension of **two** months has already been secured for filing the response under 37 C.F.R. §1.116 in the above-identified application, and the fee paid therefor of **\$205.00** is deducted from the total fee due for the total three months of extension now requested. The fee for this extension (**\$465.00**), minus the fee previously paid (**\$205.00**) equals **\$260.00** (total fee now due).


5. ☐ A check in the amount of \$_____ to cover the extension fee is attached.
6. ☒ Charge \$260.00 fee to Deposit Account No. 08-0219, Order No. PIT-010CIP.
7. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required by this communication, or to credit any overpayment, to Deposit Account No. 08-0219. Order No. PIT-010CIP.

Respectfully submitted,

HALE AND DORR LLP

Dated: September 9, 2003

By: _____


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